

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-675)**

SERIAL NO.

10/554408

FILING DATE

05 OCT 2005

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
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5		/		/		
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12		/		/		
13		/		/		
14		/		/		
15		/		/		
16		0		0		
17	/		/			
18		/		/		
19		/		/		
20		/		/		
21		/		/		
22		/		/		
23		/		/		
24		0		/		
25		R		/		
26		R		/		
27		R		/		
28		T		/		
29		/		/		
30		/		/		
31		/		/		
32		R		/		
33		0		/		
34		0		/		
35		0		/		
36		0		/		
37		0		/		
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48						
49						
50						
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	43	↔	36	↔		↔
TOTAL CLAIMS	45		38			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS						